U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4684	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Rita S Wood	Name Electrical Workers IBEW AFL-CIO
	Labor Organization File Number 022-469
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3900 Elgin Way	Street 4315 PRESTON HIGHWAY, SUITE 102
City Louisville	City Louisville
State Kentucky ZIP Code + 4 40216	State Kentucky ZIP Code + 4 40213-2031
5. Position in labor organization. [PRESIDENT]	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or	usions set forth in the instructions):
monetary value from an employer whose employees your organizat	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	7.6. Amount.
City	
State ZIP Code + 4	Expression and the second transformation and the second and the se
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the see	ring documents), has been examined by the signatory and is, to the best of the
Q . 0 . 0 . 0	
Signed Kula & Wolf	On <u>[\$-11-05]</u> (502) 368-2568 Date Telephone Number
Form LM-30 (2003)	

Name of Person Filing Rita Wood	File Nur	nber U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individualing with your labor organization or with a trust in which your labor organization.	se dealing with the business ly seeking to represent, or ectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		X SANCE OF
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		a monotological
Street	11.b. Approximate dollar value of such	n dooling
City	12.a. Nature of interest held or inco	(and 1) and a second a second and a second a
State 1 ZIP Code ÷ 4		
	12.b. Amount.	para a un quarque para a constitución de la constit
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	ng varannan principe salakalanda ay olgenderang i sala denek kapitakan ngamban sebing sebingan kapita kapita s
(including trade name, if any). Name Lou Elect Joint Apprent & Training Comm Trade Name, if any:	07/14/2004 Committee me 07/21/2004 Paid by chec	
P.O. Box, Bldg., Room No., if any	! : !	:
Street 4315 Preston Highway, Suite 100	;	1 1
City Louisville	:	
State Kentucky ZIP Code + 4 40213-2031		
13.b. Is the Business an Employer (X) or Consultant ?	14.b. Amount of payment.	\$103

Name	of	Person	Filing	Rita	Wood
------	----	--------	--------	------	------

ı= i	ما	Νı	um	h	e.	u
17 1	ч	N	. 111	U	⊂.	v

Part C Continuation Page

Part C Contin	uation Page
C. Received from any employer (other than an employer covered under parts A apayment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Lou Elect Joint Apprent & Training Comm	14.a Nature of payment. 07/27/2004 Committee meeting - lost time pay. 08/11/2004 Paid by check.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 4315 Preston Highway, Suite 100	
City Louisville	
State Kentucky ZIP Code + 4 40213-2031	AP TO 1 YOUR OWN CONTRACTOR OF THE PROPERTY OF
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$103.
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Lou Elect Joint Apprent & Training Comm	08/11/2004 Committee meeting - lost time pay. 08/18/2004 Paid by check.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 4315 Preston Highway, Suite 100	
City Louisville	
State Kentucky ZIP Code + 4 40213-2031	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$90
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 108/02/2004 National Training Institute, Knoxville
Name Lou Elect Joint Apprent & Training Comm	TN - lost time pay. 08/26/2004 Paid by check.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 4315 Preston Highway, Suite 100	
City Louisville	
State Kentucky ZIP Code + 4 40213 - 2031	The second section of the secti
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$966

Name	of	Person	Filing	Rita	Wood
------	----	--------	--------	------	------

File	Number	r U

Part C Contin	uation Page
C. Received from any employer (other than an employer covered under parts A apayment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Lou Elect Joint Apprent & Training Comm Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4315 Preston Highway, Suite 100 City Louisville	14.a. Nature of payment. 08/26/2004 National Training Institute - reimburse travel. 08/26/2004 Paid by check.
State Kentucky ZIP Code + 4 40213-2031	To the months as the contract of the the tensor of the ten
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$32;
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.
trade name, if any). Name Lou Elect Joint Apprent & Training Comm Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4315 Preston Highway, Suite 100 City Louisville State Kentucky ZIP Code + 4 40213-2031	09/07/2004 Interview apprentices - 09/08/2004 Committee meeting - lost time pay. 09/15/2004 Paid by check.
13.b. Is the Business an Employer Or Consultant ?	14.b. Amount of payment. \$232
C. Received from any employer (other than an employer covered under parts A	and B above) or from any labor relations consultant to an employer any
payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Lou Elect Joint Apprent & Training Comm Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4315 Preston Highway, Suite 100 City Louisville State Kentucky ZIP Code + 4 40213-2031	14.a. Nature of payment. 10/13/2004 Committee meeting - lost time pay. 10/20/2004 Paid by check.
13.b. Is the Business an Employer \(\sum_{\text{.}} \) or Consultant ?	14.b. Amount of payment.
<u></u>	I

n Filing Rita	Wood	

File Number U-

Part C Contin	uation Page	
C. Received∜rom any employer (other than an employer covered under parts A a payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Lou Elect Joint Apprent & Trainiing Comm Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4315 Preston Highway, Suite 100 City Louisville State Kentucky ZIP Code + 4 40213-2031	14.a. Nature of payment. 10/26/2004 Interview apprentices 10/27/2004 Paid by check.	
13.b. Is the Business an Employer X or Consultant?		\$206;
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Lou Elect Joint Apprent & Training Comm	11/10/2004 Committee meeting - lo 11/17/2004 Paid by check.	ost time pay.
Trade Name, if any:	s .	v. Carrier
P.O. Box, Bldg., Room No., if any		the promption of
Street 4315 Preston Highway, Suite 100		as en par comment
City Louisville		n. ser sen
State Kentucky ZIP Code + 4 40213-2031		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$155
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	o an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 12/02/2004 Interview apprentices	- lost time pay.;
Name Lou Elect Joint Apprent & Training Comm	12/03/2004 Paid by check.	; ; 1
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	,	!
Street 4315 Preston Highway, Suite 100		1
City Louisville		•
State Kentucky ZIP Code + 4 40213-2031		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$103

						1.4
-	P	Nι	ım	ŊΕ	٦٢	ш
Ł. I		181	31 1 1	υc	- 1	٠

Part C Continuation Page						
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Elect Workers Loc Union #369 Retirement Fund Trade Name, if any:	14.a. Nature of payment. 11/30/2004 Committee meeting - lost time pay. 12/01/2004 Paid by check.					
P.O. Box, Bldg., Room No., if any Street 906 Minona Avenue City Louisville State Kentucky ZIP Code + 4 40217						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name National Electrical Contractors Association	12/03/2004 Christmas celebration - Invited guest.					
P.O. Box, Bldg., Room No., if any Street 1404-C Browns Lane						
City Louisville State Kentucky ZIP Code + 4 40207-4655;						
13.b. Is the Business an Employer	14.b. Amount of payment. \$75;					
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name Lou Elect Joint Apprent & Training Comm	or, 27, 2001 Graduation corollony invited gasse.					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street 4315 Preston Highway, Suite 100						
City Louisville State Kentucky ZIP Code + 4 40213-2031						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$37					

Name	of	Person	Filing	Rita	Wood
				RILG	WOOL

	Number	

Part C Continuation Page

	dation i age		
C. Received from any employer (other than an employer covered under parts A a payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 12/08/2004 Christmas celebration - invited guest.		
Name Lou Elect Joint Apprent & Training Comm			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 4315 Preston Highway, Suite 100			
City Louisville		· ·	
State Kentucky ZIP Code + 4 40213-2031			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$39;	
C. Received from any employer (other than an employer covered under parts A apayment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	- Mariana		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	to the second se		
Street	· · · · · · · · · · · · · · · · · · ·		
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name		<u>;</u>	
Trade Name, if any:		:	
P.O. Box, Bldg., Room No., if any		:	
Street			
The properties of the properti		,	
City State. ZIP Code + 4	,		
Sidile. Zir Code + 4	14.b. Amount of payment.	Section (Section Control of Print Control of	
13.b. Is the Business an Employer or Consultant?	andore as paymons	I	